

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CS</i>		10-18
O.I.P.E. CLASSIFIER		8	6-2-00
FORMALITY REVIEW	<i>CS</i>	827	08-03-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

< ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3/02
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3/02
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If more than 150 claims or 10 actions  
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